

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant :	Nicholas T. Lange	Art Unit :	3737
Serial No. :	10/823,816	Examiner :	Brij B. Shrivastav
Filed :	April 14, 2004	Confirmation No.:	5628
		Notice of Allowance Date:	June 27, 2007
Title :	INTER-SUBJECT COHERENCE IN DT-MRI		

**MAIL STOP ISSUE FEE**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450


RESPONSE TO NOTICE OF ALLOWANCE

In response to the Notice of Allowance mailed June 27, 2007, enclosed is a completed issue fee transmittal form PTOL-85b.

Please apply the \$1,000 charge for the required issue fee and publication fee, along with any additional charges or credits to our Deposit Account No. 06-1050, referencing Attorney Docket Number 04843-046001.

Respectfully submitted,

Date: AUGUST 1, 2007

  
Faustino A. Lichauco  
Reg. No. 41,942

Fish & Richardson P.C.  
225 Franklin Street  
Boston, MA 02110  
Telephone: (617) 542-5070  
Facsimile: (617) 542-8906

# PART B -- FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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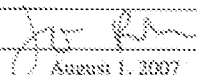
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being electronically transmitted to the USPTO, on the date indicated below.

Jennifer Robins	(Depositor's name)
	(Signature)
August 1, 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/823,816	04/14/2004	Nicholas T. Lange	94843-046001 / MCL 2558	5628

TITLE OF INVENTION: INTER-SUBJECT COHERENCE IN DT-MRI

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	08/27/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
SHRIVASTAV, BRIJ B.	2859	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Fish & Richardson P.C. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

McLean Hospital Corporation

Belmont, MA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies \_\_\_\_\_

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- ☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1050 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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(Authorized Signature)



(Date)

August 1, 2007

Typed or Printed Name

Faustino A. Lichauco

Registration No. A1582

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